FILED

Plaintiff's Name TYLER REVELS

Prisoner No. UME 087

Institutional Address SANTA RITA COUNTY JAIL

5325 BRODER BLVD.

DUBLIN, CA 94568

JAN 10 2023

CLERK, U.S. DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

"AMENDED COMPLAINT"

LINITED STATES	DISTRICT COURT
NORTHERN DISTRI	CT OF CALIFORNIA
TYLER REVELS (Enter your full name)	Case No. C 22 06723 JST CPR) (Provided by the clerk upon filing)
MARIN COUNTY CAPTAIN HALE-JAIL COMMANDER, ALEKSEI RAJAMACHVILI-JAIL NURSING SUPERVISOR, KYLE HARA -JAILMENTALHEALTH SUPERVISOR	COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Enterthe full name(s) of all defendants in this action)	
I. Exhaustion of Administrative Reme You must exhaust available administrative remedies before unexhausted claims.	
A. Place of present confinement MARIN CO	OUNTY JAIL
B. Is there a grievance procedure in this instituti	ion? VES DO
C. If so, did you present the facts in your compl	aint for review through the grievance procedure?
D. If your answer is YES, list the appeal numbe level of review. If you did not pursue any ava	r and the date and result of the appeal at each illable level of appeal, explain why.
1. Informal appeal: NOT AF	PLICABLE
2. First formal level: NOT A	PPLICABLE

		3.	Second formal level: NOT APPLICABLE
		4.	Third formal level: NOT APPLICABLE
E.	Is the l □ YE		vel to which you appealed the highest level of appeal available to you?
F.	IS	JBM	it present your claim for review through the grievance procedure, explain why. ITTED GRIEVANCES, BUT DIDNT GET TO APPEAL DUE
			N COUNTY JAIL NOT HAVING AN APPEAL SYSTEM OR FORMS.
II.	Parti		J 0 1 1 1 1 1 1 1 1 1
A.	If there	are a	dditional plaintiffs besides you, write their name(s) and present address(es).
B.	For eac	ch defa	endant, provide full name, official position and place of employment. HALE, TAIL COMMANDER, MARIN COUNTY JAIL.
			RAJAMACHVILI, JAIL NURSING SUPERVISOR, MARIN COUNTY JAIL.
			JAIL MENTAL HEALTH SUPERVISOR, MARIN COUNTY JAIL.
			QUEZADA, JAIL PSYCHIATRIST, MARIN COUNTY JAIL
	JOSE	PH B	ELEFELD, JAIL NURSE PRACTITIONER, MARIN COUNTY JAIL
III			at of Claim.
incl	ude dat	es, wh	facts of your case. Be sure to describe how each defendant is involved and to en possible. Do not give any legal arguments or cite any cases or statutes. If you one claim, each claim should be set forth in a separate numbered paragraph.
ON	08/0	1/200	12 AT MARIN COUNTY JAIL, I WAS HOUSED IN SPECIAL HOUSING UNIT.
UP TA	PER T	ERI	IN CELL #19. I SUFFERED FROM SEIZURE DISORDER WHICH PRECIPION UENT SEIZURES. I WAS UNDER TREATMENT BY JAILMENTAL HEALTH
STA			SD, ANXIETY, AND TRAUMATIC BRAIN INJURY WITH BRAIN DAMAGE, I

WAS IN MY CELL AROUND 11: OO AM I EXPERIENCED A GRAND MAL SEIZURE AND ALSO A ANNETY ATTACK, AS WAS TYPICAL FOR ME IN SUCH SEIZURES I LAY ON THE CELL FLOOR HAVING A GRAND MALSEIZURE WHILE I WAS IN MY CONDITION POD WORKERS/TUMATES OBSERVED ME HAVING A SEIZURE AND NOTIFIED THE DEPUTY ASSIGNED IN THE PODFOR THAT DAN. MULTIPLE JAIL DEPUTIES, NURSING STAFF, AND SERGEANT WERE SUMMONED. AS WENT INTO A ASTHMA ATTACK DUE TO A LACK OF OXYGEN AND HIGH BLOOD PRESSURE, VITALS WERE OBVIOUSLY INDICATING I SUFFERED FROM A SEIZURE AND ASTHMA ATTACK IT SHOULD BE NOTED THERE WAS A 15-20 MINUTE DELAY IN GETTING ME MEDICAL CARE BEFORE JAIL OFFICIALS APRIVED AS MEDICAL STAFF WERE FAILING TO CONTROL MY ASTHMA ATTACK UNKNOWN DEPUTIES GRABBED ME AS I WAS IN AND OUT OF CONSCIOUSNESS. I WAS UNABLE TO SPEAK OR TO GET OF AND WALK DUE TO MY ASTHMA AND SEIZURE CONDITIONS AS MY BLOOD PRESSURE WAS OVER ISO170, DEPUTIES BEGAN LAUGHING AND SAVING ROLLOUER AND DIE ALREADY, AS MEDICAL STAFF WERE ATTEMPTING TO GIVE ME BREATHING TREATMENTS I WAS STRUGGLING TO BREATHE AND SHAKING UNCONTROCABLY. AS I WAS UNABLE TO COMPLY, THE DEFUTIES CONTINUED TO LAUGH, YELL AND MAKE OBSCENE JOKES ABOUT MY CONDITION. MEDICAL STAFF REFLOGED TO CALL AMBULANCE AND SEND ME TO HOSPITAL BECAUSE DEPOTIES WERE PLAYING THE ROLE OF GATEKEEPER AND TOLD THE NURSE'T WAS FAKING WHEN MY VITALS INDICATED IT WAS HAVING A MEDICALEMERGENCY. I WAS UNDER THE CARE OF MARIN COUNTY JAIL DURING THIS INCIDENT AND THEY WERE LIABLE FOR MENOTHAVING A LOWER-TIER LOWER BUNK ADA CELL. THE DEFENDANTS VIOLATED MY EIGHT AMENDMENT AND DENIED/DELAYED ME MEDICAL CARE.

IV. Relief.

Your complaint must include a request for specific relief. State briefly exactly what you want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.

IMMEDIATE RELIEF FROM THE DEFENDANTS AND THEIR PLACE OF EMALYMENT, DUE TO THEM CONTINUOUSLY VICLATING FEDERAL RIGHTS. A TEMPORARY RESTADINING ORDER TO BE GRANTED AGAINST THE DEFENDANTS.

FOR IM ADA RIGHTS TO BE PN FURCED, SO I DENT HAVE TO ENCOUNTER A LIFE THREATENING EPISODE DUE TO BEING DENIED MEDICAL CAPE TO BE APPOINTED COUNSEL, DUE TO MY PHYS. CAL AND MENTAL THRAITMENTS TO BE RECOGNIZED AS DISABLED IN CUSTODY LIKE HOW IM HONORED AS DISABLED IN THE COMMUNITY DUT OF CUSTODY.

Executed on: 12/21/1622

Executed on: 12/21/1622

TULLI FLUELL

Signature of Plaintiff

Tyler Revels, UMEO87 Santa Rita County Jail 5325 Breder Blvd. Oublin, CA 94568 PRO SE LITIGANT

22 DEC 2022 PM 7 L CAKLAND CA 945

UNITED STATES

NO POSTAGE NECESSARY IF MAILED IN THE

BUSINESS REPLY MAIL WASHINGTON DC

PERMIT NO. 12615 FIRST-CLASS MAIL POSTAGE WILL BE PAID BY ADDRESSEE

CLERK US DISTRICT COURT OAKLAND CA 94612-9771 1301 CLAY ST STE 400S

EGAL MAPL



SANTA RITA JAIL 5325 BRODER BLVD. DUBLIN, CA 94568

(FGAL MAIL